

**MARKET SEGMENT APPLICATION—AUTO SERVICE RISKS**

Applicant's Name: \_\_\_\_\_  
 DBA: \_\_\_\_\_  
 Mailing Address: \_\_\_\_\_  
 Street Address: \_\_\_\_\_  
 Telephone Number: (\_\_\_\_) \_\_\_\_\_  
 Web site: \_\_\_\_\_  
 Fax Number: \_\_\_\_\_

Agent Name: \_\_\_\_\_  
 Address: \_\_\_\_\_

**PROPOSED EFFECTIVE/EXPIRATION DATES:**

From: \_\_\_\_\_ To: \_\_\_\_\_

12:01 A.M., Standard Time, at the mailing address of applicant

PLEASE ANSWER ALL QUESTIONS—IF THEY DO NOT APPLY, INDICATE "NOT APPLICABLE."

1. **Applicant is:**  Individual  Corporation  Partnership  Joint Venture  Other (Specify): \_\_\_\_\_
2. **Number of years in business:** \_\_\_\_\_ **Number of years at this location:** \_\_\_\_\_
3. **Describe all business operations conducted by applicant:** \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_
4. **Inspection Contact Person/Telephone:** \_\_\_\_\_

**PROPERTY SECTION**

5. a. **Premises information:**

Loc. No. 1		Street, City, County, State, Zip Code					Interest	Part Occupied
Premises No.	Exposure	Amount Requested	Coins. %	ACV/Repl. Cost	Causes of Loss	Deductible	Special Conditions	
	Building	\$				\$		
	Contents	\$				\$		
	Mechanical Breakdown:						Boilers, pressure vessels and A/C units must have capacity of at least 60,000 BTU	
	Boiler	\$				\$		
	Prs Vessel	\$						
A/C Unit	\$							
Other	\$					\$		
Bldg. No.	Mortgagee or loss payee:							
Additional coverages, restrictions and endorsement information:				Other carriers participating on risk:				
				1. _____ %				
				2. _____ %				

- Construction type: \_\_\_\_\_
- Protection class: \_\_\_\_\_
- Number of stories: \_\_\_\_\_
- Total square foot area: \_\_\_\_\_
- Total number of units: \_\_\_\_\_
- Sprinklered?..... Yes  No
- Operable smoke detectors?.... Yes  No
- Year built: \_\_\_\_\_
- Building remodeling (include year):  
Wiring?..... Yes  No  
Year: \_\_\_\_\_

- Heating? ..... Yes  No  
Year: \_\_\_\_\_
- Plumbing?..... Yes  No  
Year: \_\_\_\_\_
- Roof? ..... Yes  No  
Year: \_\_\_\_\_

- Burglar alarm type:  Local  Central Station
- Fire alarm type:  Local  Central Station
- Are any locations residential? ..... Yes  No

Loc. No. 2		Street, City, County, State, Zip Code					Interest	Part Occupied
Premises No.	Exposure	Amount Requested	Coins. %	ACV/Repl. Cost	Causes of Loss	Deductible	Special Conditions	
	Building	\$				\$		
	Contents	\$				\$		
	Mechanical Breakdown: Boiler Prs Vessel A/C Unit	\$ \$ \$				\$	Boilers, pressure vessels and A/C units must have capacity of at least 60,000 BTU	
	Other	\$				\$		
Bldg. No.	Mortgagee or loss payee:							
	Additional coverages, restrictions and endorsement information:			Other carriers participating on risk:				
				1. _____ %				
				2. _____ %				

- Construction type: \_\_\_\_\_
- Protection class: \_\_\_\_\_
- Number of stories: \_\_\_\_\_
- Total square foot area: \_\_\_\_\_
- Total number of units: \_\_\_\_\_
- Sprinklered?..... Yes  No
- Operable smoke detectors?.... Yes  No
- Year built: \_\_\_\_\_
- Building remodeling (include year):  
Wiring?..... Yes  No  
Year: \_\_\_\_\_

- Heating? ..... Yes  No  
Year: \_\_\_\_\_
- Plumbing?..... Yes  No  
Year: \_\_\_\_\_
- Roof? ..... Yes  No  
Year: \_\_\_\_\_

- Burglar alarm type:  Local  Central Station
- Fire alarm type:  Local  Central Station
- Are any locations residential? ..... Yes  No

<b>Loc. No. 3</b>		<b>Street, City, County, State, Zip Code</b>				<b>Interest</b>	<b>Part Occupied</b>
<b>Premises No.</b>	<b>Exposure</b>	<b>Amount Requested</b>	<b>Coins. %</b>	<b>ACV/Repl. Cost</b>	<b>Causes of Loss</b>	<b>Deductible</b>	<b>Special Conditions</b>
	Building	\$				\$	
	Contents	\$				\$	
	Mechanical Break-down:					\$	Boilers, pressure vessels and A/C units must have at least 60,000 BTU
	Boilers	\$					
	Prs vessel	\$					
A/C Unit	\$						
Other	\$					\$	
<b>Bldg. No.</b>	Mortgagee or loss payee:						
	Additional coverages, restrictions and endorsement information:				Other carriers participating on risk:		
				1. _____ %			
				2. _____ %			

- Construction type: \_\_\_\_\_
- Protection class: \_\_\_\_\_
- Number of stories: \_\_\_\_\_
- Total square foot area: \_\_\_\_\_
- Total number of units: \_\_\_\_\_
- Sprinklered?..... Yes  No
- Operable smoke detectors?.... Yes  No
- Year built: \_\_\_\_\_
- Building remodeling (include year):  
Wiring?..... Yes  No  
Year: \_\_\_\_\_
- Heating? ..... Yes  No  
Year: \_\_\_\_\_
- Plumbing?..... Yes  No  
Year: \_\_\_\_\_
- Roof? ..... Yes  No  
Year: \_\_\_\_\_
- Burglar alarm type:  Local  Central Station
- Fire alarm type:  Local  Central Station
- Are any locations residential? ..... Yes  No

**b. Lessors' Property:**

Description of Premises: \_\_\_\_\_

Description of Leased Property: \_\_\_\_\_

Name of Lessor: \_\_\_\_\_

Limit of Insurance: \_\_\_\_\_ Per Occurrence

**c. Customers' Autos**

Loss or Damage to Customers' Autos	Loc.	Enter the Limit for Each Location Max. Value of All Autos in your C.C.C.	No. of Autos	Deductible Per Event	Max. Ded. For Any One Event
<input type="checkbox"/> Legal liability coverage for loss or damage to customers' autos	1	\$		\$	\$
	2	\$		\$	\$
<input type="checkbox"/> Direct primary coverage for loss or damage to customers' autos	3	\$		\$	\$
<input type="checkbox"/> Direct coverage for loss or damage to customers' autos and other customers' property					
Other Coverage—Specify:					

**d. Optional Increased Limits for Mandatory Coverages, MS AS 01 (Auto Services Endorsement):**

**Location No.:** \_\_\_\_\_ **Building No.:** \_\_\_\_\_

- 1. Money and Securities                      Limit of Insurance \$ \_\_\_\_\_ (max limit \$10,000)
- 2. Outdoor Signs                              Limit of Insurance \$ \_\_\_\_\_ (max limit \$10,000)
- 3. Employee Dishonesty                      Limit of Insurance \$ \_\_\_\_\_ (max limit \$10,000)
- 4. Valuable Papers and Records              Limit of Insurance \$ \_\_\_\_\_ (max limit \$250,000)
- 5. Employee Tools                              Limit of Insurance \$ \_\_\_\_\_ (max limit \$10,000)
- 6. Accounts Receivable                      Limit of Insurance \$ \_\_\_\_\_ (max limit \$250,000)

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- 5. Employee Tools                              Limit of Insurance \$ \_\_\_\_\_ (max limit \$10,000)
- 6. Accounts Receivable                      Limit of Insurance \$ \_\_\_\_\_ (max limit \$250,000)

**GENERAL LIABILITY SECTION**

**6. a. Limits and Deductible Requested:**

Limits of Liability		
General Aggregate		\$
Products & Completed Operations Aggregate		\$
Personal & Advertising Injury		\$
Each Occurrence		\$
Fire Damage (any one fire)		\$
Medical Expenses (any one person)		\$
Hired Auto Liability	Cost of Hire \$	\$
Non-owned Auto Liability	# of Employees	\$
Other Coverages, Restrictions and/or Endorsements	\$	\$
	<b>Deductible</b> \$	\$

**b. Schedule of Hazards:**

Loc. No.	Description of Operations	Class. Code	Premium Bases: (s) Gross Sales; (p) Payroll; (a) Area; (c) Total Cost; (t) Others

Private Passenger Autos (include pickups & vans)	_____ %	<b>Total Annual Gross Receipts from:</b>	
Motorcycles/Boats/Snowmobiles	_____ %	Repair	\$ _____
Motor Homes/Utility Trailers/Campers	_____ %	Tow Truck Operation	\$ _____
Truck Tractors/Trailers/Semi-Trailers/5th Wheels	_____ %	Other	\$ _____
Farm Machinery/Contractors Equipment	_____ %	Tire Sales	\$ _____
Other—Describe: _____	_____ %	Total Receipts	\$ _____
	100%		

c. List any Owned Autos:

Year, Model	Cost New	VIN	Use

**GENERAL INFORMATION SECTION**

**A. Please Answer All Questions:**

1. Do you modify vehicles for:  
 Style? .....  Yes  No  
 Performance? .....  Yes  No  
 Handling Characteristics? .....  Yes  No  
 If "Yes," complete B. below.
  2. Do you install trailer hitches? .....  Yes  No  
 Advise Percentage of total sales for hitch installation or repair: ..... %
  3. Do you perform any welding? .....  Yes  No  
 If "Yes," explain: \_\_\_\_\_
  4. Do you install or repair butane, propane or liquid petroleum systems? .....  Yes  No
  5. Do you conduct any spray painting operations? .....  Yes  No  
 If "Yes," do you have an OSHA or NFPA approved spray booth? .....  Yes  No  
 If "No," explain extent of spray painting operations: \_\_\_\_\_
  6. Do you have any storage of oil, gasoline or other petroleum products? .....  Yes  No  
 If "Yes," explain: \_\_\_\_\_
  7. Do you recap any tires? .....  Yes  No
  8. Do you rent or loan autos to your customers while their autos are left with you for service or repair?  Yes  No  
 If "Yes," explain: \_\_\_\_\_
  9. Indicate the number of license plates you have: Dealers \_\_\_\_\_ Regular \_\_\_\_\_ Transporter \_\_\_\_\_ Other \_\_\_\_\_
  10. Do you pick up or deliver automobiles? .....  Yes  No  
 If "Yes," indicate radius in miles: 50 mi \_\_\_\_\_% 50-200 \_\_\_\_\_% over 200 \_\_\_\_\_%
  11. Are there any dogs on premises? .....  Yes  No
  12. Do you repossess autos? .....  Yes  No  
 List the five largest entities for which you tow (commercial & auto clubs, police): \_\_\_\_\_
- Are you towing for these entities under contract? .....  Yes  No

Do your wreckers/tow trucks have police band radios or scanners?.....  Yes  No

If yes, explain use: \_\_\_\_\_

13. For wreckers/tow trucks: Type of vehicles towed? \_\_\_\_\_

14. Any Filings Required? .....  Yes  No

Advise Carrier Number: \_\_\_\_\_ Type of Filing: \_\_\_\_\_

15. Do you engage in any dismantling/salvage or rebuilding autos?.....  Yes  No

If yes, please explain in C. below.

16. Are any automobiles consigned? .....  Yes  No

17. Where are keys to autos kept at night? \_\_\_\_\_ During business hours? \_\_\_\_\_

18. Are autos kept:  Inside \_\_\_\_\_%  Outside \_\_\_\_\_%

If autos are kept inside, indicate age, construction and condition of building: \_\_\_\_\_

19. If autos are kept outside, is your lot protected on all sides by fence, chain, cable or pipe welded to or connected through steel, concrete or heavy timber post and secured with a heavy gauge steel padlock? .....  Yes  No

If "No," explain: \_\_\_\_\_

20. Is the parking area lighted at night? .....  Yes  No

21. Do you employ a guard while business is closed? .....  Yes  No

**B. Vehicle Conversions and Modifications—Complete the following if you modify vehicles for style, performance or handling characteristics:**

1. Are you a member of the Recreational Vehicle Industry Association? .....  Yes  No

2. Do you comply with the requirements of Federal Regulation Title 49 in converting or modifying vehicles?  Yes  No

3. Do you subcontract any work to others? .....  Yes  No

If "Yes," explain: \_\_\_\_\_

4. Are vehicles worked on owned by you? .....  Yes  No

By others? .....  Yes  No

If owned by others, explain: \_\_\_\_\_

5. Do you provide a written contract?.....  Yes  No

If "Yes," attach a copy of typical contract.

6. Do you provide a warranty? .....  Yes  No

If "Yes," attach a copy.

7. Indicate type of work performed and/or equipment installed:

- |  |  |                                     |  |
|--|--|-------------------------------------|--|
| <input type="checkbox"/> Stoves                  | <input type="checkbox"/> Heaters       | <input type="checkbox"/> Suspension | <input type="checkbox"/> Frame             |
| <input type="checkbox"/> Tanks                   | <input type="checkbox"/> Refrigerators | <input type="checkbox"/> Brakes     | <input type="checkbox"/> Steering Controls |
| <input type="checkbox"/> Air Conditioners        | <input type="checkbox"/> Water Systems | <input type="checkbox"/> Chassis    | <input type="checkbox"/> LPG Systems       |
| <input type="checkbox"/> Other (describe): _____ |  |                                     |  |

**C. Comments:**

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**D. Employee and Driver Information:**

Complete the information below for ALL employees.

	Name	Driver's License Number	Date of Birth	Date of Hire	Number of years experience	Indicate if Tow Truck Operator
1						
2						
3						
4						
5						
6						
7						
8						
9						
10						

**E. Previous carrier and loss information (current and previous three years):**  Check if no losses last three years.

Year	Company	Coverage	Premium	Date of Loss	Losses Paid/Reserved	Description of Loss
Any other insurance with this company or being submitted? (Please list name[s] and/or policy number[s]):				Any policy or coverage declined, cancelled or nonrenewed during the prior three years? Why? (Not Applicable In Missouri)		

This application does not bind YOU nor US to complete the insurance, but it is agreed that the information contained herein shall be the basis of the contract should a policy be issued.

**FRAUD WARNING STATEMENTS**

**APPLICABLE IN THE STATE OF NEW YORK (OTHER THAN AUTOMOBILE):**

Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information, or conceals for the purpose of misleading, information concerning any fact material thereto, commits a fraudulent insurance act, which is a crime, and shall also be subject to a civil penalty not to exceed five thousand dollars and the stated value of the claim for each such violation.

**APPLICABLE IN THE STATE OF NEW YORK (AUTOMOBILE):**

Any person who knowingly and with intent to defraud any insurance company or other person files an application for commercial insurance or a statement of claim for any commercial or personal insurance benefits containing any materially false information, or conceals for the purpose of misleading, information concerning any fact material thereto, and any person who, in connection with such application or claim, knowingly makes or knowingly assists, abets, solicits or conspires with another to make a false report of the theft, destruction, damage or conversion of any motor vehicle to a law enforcement agency, the department of motor vehicles or an insurance company, commits a fraudulent insurance act, which is a crime, and shall also be subject to a civil penalty not to exceed five thousand dollars and the value of the subject motor vehicle or stated claim for each violation.

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APPLICANT'S SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

PRODUCER'S SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

LICENSED AGENT: \_\_\_\_\_ DATE: \_\_\_\_\_

(Applicable in Iowa Only)

AGENT NAME: \_\_\_\_\_ AGENT LICENSE NUMBER: \_\_\_\_\_

(Applicable to Florida Agents Only.)

**IMPORTANT NOTICE**

As part of our underwriting procedure, a routine inquiry may be made to obtain applicable information concerning character, general reputation, personal characteristics and mode of living. Upon written request, additional information as to the nature and scope of the report, if one is made, will be provided.